

EA

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



08 DEC 9 AM 11:14

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POWER OF ATTORNEY

EVELYN MARIE VASQUEZ

To

ARCHIE EUGENE CHANCE

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 12/09/03 11:14 a.m.
Vol M03 Pg 89828-29
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

ixed.

After recording, return to (Name, Address, Zip):

ARCHIE E CHANCE
BOX 807 KENO, OR 97627

puty.

KNOW ALL BY THESE PRESENTS that I, EVELYN MARIE VASQUEZ

have made, constituted and appointed, and by these presents do make, constitute and appoint ARCHIE EUGENE CHANCE, NO TIME LIMIT ON THIS POWER OF ATTORNEY.

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to ARCHIE EUGENE CHANCE, CAN SALE ALL OR PART OF MY 1/2 ACRE AT 11381 RED WING LOOP KENO, OR 97627. LAND DESCRIPTION, 1/2 ACRE, KLAMATH RIVERS 5TH ADDITION, BLOCK 28, LOT 3, M.H.X# 102894 MAP NUMBER - R-4008-006 BB-02000-000, PROPERTY CLASS, 101 H. AND SALE MY MOBILE HOME AT SAME LOCATION, 1974, 14X70 HOMETTE, SERIAL # 03918304. CURRENT MAP AND TAX LOT NUMBER R-4008-6BB-2000

giving and granting unto my attorney the full power and authority to do and perform each and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my attorney lawfully does or causes to be done by virtue hereof.

In construing this instrument, and where the context so requires, the singular includes the plural.

DATED 12-8-03

Evelyn Marie Vasquez

archie e chance
Eugene

EVELYN MARIE VASQUEZ

CALIFORNIA
STATE OF OREGON, County of Siskiyou ss.

This instrument was acknowledged before me on 12

by

Notary Public for Oregon

My commission expires

2600



STATE OF CALIFORNIA
COUNTY OF

Siskiyou

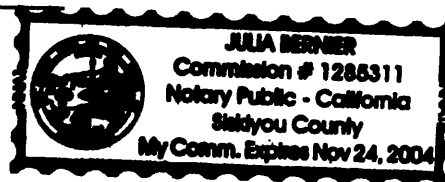
SS.

On 12/8/03, before me, JULIA BERNIER,
personally appeared EVELYN MARIE VASQUEZ AND
ARCHIE EUGENE CHANCE, personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Julia Bernier



(This area for official notarial seal)

Title of Document	<u>Power of Attorney</u>	
Date of Document	<u>12-8-03</u>	No. of Pages <u>2 incl this one</u>
Other signatures not acknowledged	<u>none</u>	